Yesterday 7-15-18 / 10th day 8-9-18

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Part 2 Revised	445392	A. BUILDING _____ B. WING _____	05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAMSPLACE, LLC	1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A deficiency originally cited under F-609 at a Scope and Severity of "D". After a Desk Review was requested by the facility and the deficiency was reviewed as requested F-609 was deleted. This deficiency should not have been cited as the residents resided on a licensure only floor. A recertification survey and complaint investigation #43746 and #44582 were completed 5/29/18 to 5/31/18 at Adamsplace, LLC. No deficiencies were cited related to the recertification survey or complaint investigation #43746 and #44582 under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Received 6-28-18

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E 000	Initial Comments An emergency preparedness survey was completed on 5/29/18 to 5/31/18 at Adamsplace, LLC. No deficiencies were cited under FED-E-1.00.	E 000		

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